

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/560,135

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/							51					
2	/							52					
3	/	2						53					
4	①	1						54					
5	①	①						55					
6	①	①						56					
7	1	①						57					
8	①							58					
9	①	①						59					
10	①	①						60					
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45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	/		↓		↓		↓						
TOTAL DEF.	8		↔		↔		↔						
TOTAL CLAIMS	9												